

### **SPM #3: Percent of women who use tobacco during pregnancy.**

**Relationship to Priority Need(s):** SPM #3 relates to Wisconsin's Priority Need #8 – ATODA. Wisconsin has historically been above the national average for women who report smoking during pregnancy. In 2002, Wisconsin reported 14.8% and the national average was 11.4%. Self-reported smoking data are reportable and available via the birth certificate.

**Relationship to Priority Need(s):** SPM #3 relates to National Outcome Measures #1, #3, #4, and #5. This SPM also relates to National Outcome Measure #2. In Wisconsin, 2002 smoking rates for African American and American Indian women are higher than national rates for the same groups. Eighteen percent of African American women reported smoking, compared to 8.4% nationally, and 37% of American Indian women in Wisconsin reported smoking, compared to 19.7% nationally.

#### **a) Report of 2003 Major Activities**

##### **1. Title V Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants**

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning.

As reported for 2003 in SPHERE, of those women that received a prenatal assessment utilizing Title V funds, 45.4% (178/392) smoked before pregnancy and 37% (133/358) smoked during pregnancy. In Wisconsin during 2002, there were 68,510 live births; 10,139 women who gave birth reported smoking (14.8%), 58,317 reported no smoking (85.1%) and 54 (.1%) were unknowns. Analysis of birth certificate data indicate that smoking rates are highest among women under the age of 25 and who were American Indian or African American.

##### **2. First Breath—Enabling Services—Pregnant women, mothers, infants**

In 2003, the Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation (WWHF) as it expanded services beyond the pilot study to statewide public and private prenatal care providers in Wisconsin. In 2003 there were a total of 76 sites (of which 12 of the original 15 pilot sites continue to participate) and 678 women were enrolled in 2003 alone. Of these women, approximately 67% started smoking between the ages of 12 and 16. Additionally, 89% of the 678 women were Caucasian, non-Hispanic and 83% had only some high school education or were high school graduates.

##### **3. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants**

Some PNCC providers collected data using the MCH Data System: 60.5% (598/989) reported smoking before pregnancy; 38.9% (394/1,012) reported smoking during pregnancy; 305 women (55.2%) decreased their smoking; and 192 (34.7%) stopped completely. See NPM #15.

b) Current 2004 Activities

**1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants**

For 2004, the Title V program funded 31 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

**2. First Breath—Enabling Services—Pregnant women, mothers, infants**

In 2004, the First Breath expansion continues to focus on adding additional public and private prenatal care providers across Wisconsin. As of mid-April, 282 women have been enrolled in First Breath in 2004 across the state, totaling 960 women enrolled in First Breath since the expansion efforts began in January 2003. One training session has been held, training 70 participants and adding 20 new sites. Another training will be held the end of the summer with an anticipated 25 new sites to attend. In addition frequent follow up trainings and technical assistance is provided to sites as needed.

During 2004 First Breath is also focusing on communities of color, specifically African American and American Indian populations, due to their high smoking rates. Meetings and site visits are being held with relevant agencies and organizations to gain a better understanding of the unique needs of these populations and to focus recruitment efforts of new First Breath sites that serve these communities.

In March of 2004, Wisconsin was invited to send a team to participate in a national meeting focusing on tobacco use and cessation for women of reproductive age. As required by the meeting sponsors (Association of Maternal and Child Health Programs, American College of Obstetricians and Gynecologists and Planned Parenthood Federation of America) the Women and Tobacco Team was formed with representation from Title V staff, Wisconsin ACOG Chapter and Planned Parenthood of Wisconsin. The Wisconsin Women's Health Foundation was also added to the team due to the First Breath partnership. Using First Breath as the platform the team developed action steps, which include reaching out to ACOG and family planning providers across Wisconsin. One specific focus is to educate these providers about the importance of smoking cessation services for clients and to promote the utilization of the Wisconsin Tobacco Quit line. A system has been established with the Quit line to track ACOG and family planning provider sites who enroll in the Quit lines Fax Referral Program, to include interventions clients received and smoking status.

The Governor recently introduced his “KidsFirst” plan. This plan contains many components, to include anti-tobacco initiatives to reduce smoking. One specific action step to address this priority is expanding First Breath statewide. Title V Program staff will be intimately involved in the details of this as the specifics unfold.

**3. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants**

See NPM #15.

c) 2005 Plan/Application

**1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants**

Due to the complex nature of smoking during pregnancy, this topic will continue to be a priority for the MCH Program. Title V funds will continue to be provided to the local level that encourage and support agencies to incorporate and provide services and counseling to women who use tobacco during pregnancy. The objective for 2005 is 15% of women reporting smoking during pregnancy.

**2. First Breath—Enabling Services—Pregnant women, mothers, infants**

The MCH Program will continue as a partner to accomplish the goals of the First Breath Program. Specific needs to be addressed in 2005 for First Breath include: increase treatment and social support for women, outreach to pediatricians and child care providers about First Breath, working more closely with the partners of First Breath clients and providing special attention to the post-partum relapse period. Discussions will continue to address the needs of women before and after pregnancy, focusing on women of reproductive age, to include expanding the partnership beyond the current team. Title V Program staff will continue to be involved in the activities associated with First Breath expansion as proposed in the Governor's "KidsFirst" plan.

**3. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants**

See NPM #15.